

Participants at the workshop; Dr Marcelino Correia and President Jose Ramos Horta at the eye centre opening;



New vision for East Timor

The opening of a new eye centre in Dili will mean treatment for more people

The provision of eye care to the people of East Timor reached a landmark in July with the official opening of the National Eye Centre in Dili and the arrival a month earlier of a new ophthalmologist, Dr Andreas Kreis.

Funded through AusAid and the Fred Hollows Foundation in Australia and New Zealand, the Centre was opened by the President of East Timor, Mr Jose Ramos Horta who used the occasion to urge for the elimination of the backlog of cataracts.

More than 13,000 people in East Timor are needlessly blind, with the vast majority of them suffering from cataract blindness, a disease which places considerable social and economic strain on the developing nation.

“We can free thousands of people from having to look after people who have a very simple eye disease, cataract, so that they are cured and they are treated and the people who have to look after them are released into active productive life,” Mr Ramos Horta said at the opening ceremony.

“I hope that working together in the next few years to come, that the backlog of cataracts is eliminated.”

The head of the RACS-managed East Timor Eye Program (EETEP), Dr Nitin Verma said that while the building was funded through the Fred Hollows Foundation, it had been equipped through funding provided to the College through AusAid.

He said more than 50 people a day could

be treated at the centre which comprises consulting suites and a theatre with the facility being jointly run by the EETEP and the Ministry of Health in East Timor.

“This does represent a significant milestone in our efforts to provide eye care to the people of East Timor,” he said.

“Not only will it be equipped to undertake more complex surgeries such as corneal transplants, perhaps more importantly it creates a focus for co-ordinated national eye care efforts.

“Having our own operating theatre also means that we won't have to fight for theatre time, which means of course that we will be able to treat more patients.”

Mr Verma said that the Eye Centre, which is yet to be commissioned, would predominantly service the people of Dili with team visits by Australian and New Zealand Ophthalmologists still necessary to treat the people in regional areas.

“All our surgical teams are now seeing more patients because the word has gone out; because more people are starting to understand what we can do and because the screening and outreach programs are working so well,” he said.

“Now we are going deeper and deeper into the sub-districts so that people don't have to travel to Dili and we are in the process of putting eye care services into health centres that would represent the next level down from regional hospitals.”

The opening of the National Eye Centre in Dili in July was also used as an opportunity to bring all stakeholders together for a workshop run by the RACS to discuss the current eye health situation in East Timor, identify key challenges and plan for the future.

The meeting was held under the banner of V2020, an advocacy group that helps direct resources and attention to blindness and seeks to eradicate avoidable blindness by delivering eye health and vision care to areas of need.

Held at the Hospital Nacional Guido Valadares in Dili and facilitated by Dr Marcelino Correia, national ophthalmologist, the workshop drew together members of a variety of organisations including representatives from the Ministry of Health, the RACS and EETEP, the East Timor Blind Union, AusAid, the Optometrist Association of Australia and Foresight.

The challenges listed by workshop participants included the cataract backlog, the lack of education and training in the early diagnosis of such conditions as conjunctivitis and keratitis, the inadequacy of workforce numbers with only four full-time ophthalmologists in East Timor to service a population of more than one million people and the lack of eye services in the regional areas.

In response, the workshop established specific goals to work towards including:

- The development of guidelines or manuals on identification, management and treatment of acute and chronic

eye conditions to allow for improved education, training and up-skilling of local specialists, doctors and eye care nurses.

- Increased health promotion in communities to improve awareness and understanding of eye conditions and to encourage patients to visit their nearest eye clinic as opposed to seeking treatment using traditional medicine.
- Expanded outreach and screening activities to improve detection and identification of patients.
- Establishment of a comprehensive eye care service which includes treatment and management of sub-specialty cases, with sub-specialty clinics to be run by visiting teams to address more complex cases such as paediatric ophthalmology/glaucoma, ocular oncology and vitreoretinal disease as well as diabetic retinopathy.
- Ensuring that the appropriate infrastructure, supplies and consumable are available to provide a comprehensive eye care system able to treat disabling eye conditions in-country.

Members of the workshop also set as a goal the aim of having ten ophthalmologists working in East Timor by 2030, with 25 ophthalmic nurses and 50 primary eye care practitioners.

To date, the EETEP has performed more than 4,811 eye operations and treatments and provided eye consultations to over 46,000 Timorese. The program dispensed almost 30,000 spectacles, supported training of East Timor's first ophthalmologist and established sub-specialty ophthalmology programs including corneal transplantation and laser surgery.

With Karen Murphy

Swiss-Australian Ophthalmologist Dr Andreas Kreis, who trained in Switzerland and worked in Australia, took up his new position working with the East Timor Eye Program (EETEP) in June this year. Here he speaks to *Surgical News*

Why did you wish to work in East Timor?

I always had the desire to work in developing countries. This was one of the main reasons I chose to do medicine. Once I had finished my training in ophthalmology I was ready to tackle that big task. Also, I was born in Jakarta, Indonesia, so Timor was sort of like going back home. When Dr Verma told me about the project, I came to visit the place last year to see if it was workable in terms of my family. The decision was then made with my wife Julia to come here. It was an easy decision and for me the logical next step in our lives.

Where have you worked previously?

I studied in several places including Basel, Geneva, Paris and Montreal, but did my ophthalmological training in Lausanne, Switzerland, for four years and in Melbourne for four years. I started off in Australia as a research Fellow at the Centre for Eye Research Australia (CERA) under Professor Tien Wong. I was offered thereafter a Senior Registrar job at the Royal Victorian Eye and Ear Hospital (RVEEH), but kept my research activities going for a couple more years.

When will the new National Eye Centre in Dili be operational?

I hope in September. Although the clinic has been officially already opened, there is still a lot of work ahead, mainly in terms of managerial issues for me. Managing is about 40 per cent of my work here in Dili, which I deal with before or after my clinical and surgical duties.

What types of procedures do you expect to undertake there, apart from cataract surgery?

We are covering a broad field of ophthalmic operations. Starting with cataracts we will also be doing oculoplastic procedures, anterior segment surgery including Corneal transplants, filtering glaucoma surgery and paediatric ophthalmology surgery for squints are just the most important ones. I should also mention the huge amount of ophthalmic trauma surgery undertaken that uses up lots of time and resources in our daily clinical life.



Andreas Kreis at work.

What does the establishment of the centre mean in terms of the provision of eye care?

I think it is fair to say that eye care in Timor is the most advanced, best organised and most sustainable medical specialty in this country. We have a well-functioning general clinic in Dili and we will soon be starting a specialty clinic once a week for medical retina and glaucoma. We have a well functioning outreach program that not only covers the five referral hospitals in the main districts, but we have also started moving deeper into the country to screen patients and operate or refer in more remote places. This sounds all very nice and easy, but there are relentless and ongoing efforts from all sorts of people and organisations over the past decade to this day and hopefully in the future. The more intensified involvement of RANZCO over the last couple of years is certainly more than appreciated here.

How have you and your family found life?

After a very difficult first three months we have finally found a place that we call home now. My wife Julia and daughter Anais have found lots of new friends among locals and with other expat families and therefore have found a good balance, which, of course, is very important for all of us. People tend to have a lot of romantic ideas about working and living in the tropics and developing countries, but you quickly learn that life is difficult and often very frustrating under these circumstances, although often very rewarding too.